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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1

of 1

Complete if Known	
Application Number	10/511,692
Filing Date	October 14, 2004
First Named Inventor	Yang
Art Unit	Unassigned 3746
Examiner Name	Unassigned M. John
Attorney Docket Number	OIP-P-04-001

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

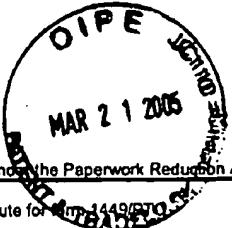
FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code ² Number ³ Kind Code ⁴ (if known)			
mg	JP 05-254572		10-05-1993	Kogyo	
mg	JP 06-073677		10-18-1994	Nakamura, J.	
mg	JP 06-337189		12-12-1994	Nippon Shokubai	

Examiner Signature	Mellor mp	Date Considered	11/27/05
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PTO/SB/08B (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for Form 1449(PTO-50)		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/511,692
		Filing Date	October 14, 2004
		First Named Inventor	Yang
		Art Unit	Unassigned 3744
		Examiner Name	Unassigned M. Jones
		Attorney Docket Number	OIP-P-04-001
Sheet 1	of 1		

NON-PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
<i>WJ</i>		International Search Report for corresponding International Application No. PCT/KR03/00760 mailed June 16, 2003	

Examiner Signature	M. M. P.	Date Considered	11/27/05
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). **2** Applicant is to place a check mark here if English language Translation is attached.

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